

# Employment/Income Verification Form



In order to determine eligibility for a child care scholarship, the ELC must receive copies of the **most current consecutive four weeks** pay stubs or this form, completed by the employer, as documentation of a new job or if paystubs are not issued.

## SECTION I – GENERAL INFORMATION: (To be completed by employer)

- Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Employee Address: \_\_\_\_\_
- Type of work performed by employee: \_\_\_\_\_ Employment began: \_\_\_\_\_
- Number of hours worked: Per week: \_\_\_\_\_ Number of days per week: \_\_\_\_\_  
Work schedule: From: \_\_\_\_\_ To: \_\_\_\_\_  A.M.  P.M.  
Circle Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
- Hourly wage received by employee: \$ \_\_\_\_\_ Date employment ended: \_\_\_\_\_
- Employee paid: \$ \_\_\_\_\_  Weekly  Bi-weekly  Semi-monthly  Monthly  Other
- Does employee receive tips?  Y  N If Yes, show tips in Section III
- Is employment year-round?  Y  N If No, specify # of months:  12  11½  11  10½  
 10  9½  9  Other: \_\_\_\_\_

## SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

- Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Business Address: \_\_\_\_\_

## SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)

- In the space below, list the most current and consecutive **FOUR** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

DATES OF PAY PERIOD	DATE OF PAYMENT	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

- Please explain any unusual gaps or overtime and do you expect them to reoccur? \_\_\_\_\_  
\_\_\_\_\_

## SECTION IV – EMPLOYER VERIFICATION:

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_

Employer Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_

